

NURSING AFTER GASTRO-ENTEROSTOMY

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It is only since the world at large has begun to distinguish appendicitis from old-fashioned stomach-ache that it has learned to put faith in the operation of appendectomy. In like manner, people are now becoming acquainted with the operation of gastro-enterostomy, for the cure of some of those stomach disorders which used to be loosely classed under the head of dyspepsia, as well as for the more advanced stages of gastric and duodenal ulcer and of gastric cancer, to relieve which this sort of operation has long been done.

We as nurses are not concerned with making the diagnosis, nor need we stop to debate the question of medical or surgical after-treatment. Our business is with the actual manipulation of the patient, and inasmuch as this branch of stomach surgery is becoming so common, a few words as to its nursing may not come amiss.

In order that the nurse may intelligently coöperate with the surgeon, she must know the general outline of what is to be done. The operation of gastro-enterostomy consists of making a new opening and union between stomach and bowel. It is a device to ensure drainage; for although a normal stomach empties itself not by gravity but contraction in diseased conditions it may not be able to do its regular work.

Methods of operation vary, most of our surgeons doing the gastro-jejunostomy recently perfected by the Drs. Mayo, where a posterior anastomosis is made between the lowest point of the stomach and the adjacent first part of the jejunum, thus avoiding a loop in the bowel and the so called "vicious circle," *i.e.*, a backflow of bile into the stomach.

Doctor's orders for internal preparation of the patient also vary, from sterilized foods and stomach lavage with sterile water for two days beforehand, to no precautions whatever, except to ensure an empty stomach and bowel for twelve hours previous to operation.

The stomach itself is sensitive only when pulled upon, so that a minimum quantity of anæsthetic can be given during the actual work upon it. The patient need have little, if any, post-operative vomiting where the anæsthetic is skillfully given; we may feel proud that it is from the cases of a nurse anæsthetist, with over thirteen thousand anæsthesias to her credit, that this has been proved.

After the patient is returned to bed, there may be a little blood

vomited. Although bright at first, this becomes each time darker and more scanty.

The nurse will watch for syncope, hemorrhage from stomach or bowel, and later for symptoms indicating toxic absorption. Extra precautions against cold should be taken, as stomach cases seem especially liable to pleurisy and pneumonia. The patient may indeed complain of "pleurisy pain," as the high incision affects muscles used in breathing, so that respiration is apt to be shallow for the first forty-eight hours. Temperature and pulse are the best indicators here of safety or danger.

When well out from the anæsthetic, the patient is raised and propped with pillows in a sitting position, which is kept continuously for the first few days and nights, to promote drainage.

Among different contrivances for holding the patient up, a "stiff pillow" can be recommended, stuffed with excelsior and made like a section of a square block that has been cut diagonally through the middle, with its back and base at a right angle to each other, and its third side sloping. With soft pillows piled on its sloping side, it gives a firm support for the patient's back. Incidentally, it makes a good brace for the feet if relegated to the foot of the bed, or a knee-rest if turned over on its long side. Any plan that will enable the patient to sit upright with comfort, is advisable.

Enemata of salt solution, and of stimulants if necessary, are given at very low pressure. The time for giving water by mouth varies from one to three days after operation, hot water being pushed after the first to encourage the stomach to act. Both buttermilk and beer are well tolerated, the gas of the latter being said to act as a starter to post-operative gas in the stomach.

After the beginning is made liquids are given freely, followed in due order by gruels and their kin. Solid food is withheld at least ten days, but it is surprising to the nurse who is new to stomach surgery, with what ease and grace the newly-sewn stomach can despatch its food, and clamor for more!

When there has not been great debility, or anæmia due to previous hæmorrhage, the patient is lifted out of bed to a rocking-chair during the second week, and may be expected to get about a little, during the third. The length of time in bed is generally regulated by the length of the incision. As the gastro-enterostomy patient is seldom encumbered with fat, the wound, if clean, heals quickly.

After operation, digestive disturbance may continue for several months; gas may be troublesome, small quantities of bile may be present in the stomach, and sloughing catgut will occasionally cause distress. A

glass of hot water before each meal is as helpful as medicine for these ailments, their eventual cure being the *free outlet that relieves the irritation of stagnating food in the stomach.*

The number of pounds that some of these patients gain, verges on the sensational. Frequently forty, fifty, and even seventy pounds are put on in short order by the gastro-jejunostomy cases. Results in the Finney operation of gastro-duodenostomy are longer in showing themselves.

Nourishment is the keynote. An ordinary mixed diet is advocated, given in moderate amounts but often, until the stomach can stand its three square meals a day.

The nurse, however, will do well to bear in mind that most of this class of patients are true-blue dyspeptics: invalids with nerves starved and functions perverted, who stick to their preconceived ideas of diet with the tenacity of adhesive plaster. The nurse must be bland but persevering in enlarging the bill of fare, and in winning her patient back to the thoughts and habits of health. She will often have opportunity to reflect with Mark Twain that "habit is habit, and cannot be thrown out of the window, but must be coaxed downstairs a step at a time."

The coaxing process may tax her cheerfulness to the utmost, but let her take comfort in the verdict of an eminent surgeon: "There is no class of surgery that we do, that gives us on the whole such satisfaction as our stomach work."

CHILD LABOR

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THE National Child Labor Committee met in Washington in December last, a serious gathering of a few overworked men and women in the interests of the working children of this great nation, whose condition is fast becoming the humiliation of America. England had the scandal of wage slavery of children of tender years in the beginning of the last century, but the people of the United States have not had enough wisdom or humanity to learn by her experience how to protect those who are helpless to protect themselves against the exploitation of sordid-minded employers or an indifferent public.

In respect to the employment of young children, America does not rank with highly civilized countries like England, Germany and France,